

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.	
1. File Number U . 7/398	2. Fiscal Year Covered From:
7/	1 / 1 / 2004 Through: [1] / 31 / 20194
3. Name and address of person filing.	4. Name, file number, and address of labor organization
Name CARAULL E HAYNES	Name Interinguing BRITHER RITING OF TEMMSONS
	Labor Organization File Number 000 093
P O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 50 CALIFOUN AVENUE	Street 25 Louisiana Avenue, N.W.
City New Rochert	City WASHINGTON
State NEW YORK ZIP Code + 4 10801	State 0.0 ZIP Code + 4 9 000 1
5. Position in labor organization. UICE PRESIDENT AT CARGE Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests	
A. Heid an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any: (2007)	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street Street	
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Carros E. Mayres	On SID QS 924-2000 Date Telephone Number



Name of Person Filing

CARROLL E. HAYNES

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name MALCAMATED BANK Trade Name, if any: P.O. Box, Bldg., Room No., if any Street SECINION SQUARE City NEW YORK ZIP Code + 4 [0003-3378]	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name LOCAL 3.37 WETFARE FUNDS - TBT. Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 316 WEST 14 TS TREET City New York State New York ZIP Code + 4 Jool!	11.a. Nature of such dealing. Of Nover 3 laloy 4146.14 Luiviteon 16 loy 59.01 BASKETIMU TICKETS 11/37/69 (2) 200.00 HOU ON GIET BLANKET 35.22 Ifocigny Giet Library 169.46. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
C. Received from any employer (other than an employer severed und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	or parts A and B shave) y or other thing of value. 14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

N.

Name of Person Filing CARROLL E. ITAYNES	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name MEYER, SU0221, EWUISH + KLEIN, P.C. Trade Name, if any: P.O. Box, Bidg., Room No., if any Street (SOS KELLUM PLACE City MINEVLA State NEW YORK ZIP Code + 4 (1501-080)	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Lecht 237. Welfare Films ~ IBT Trade Name, if any: P.O. Box, Bldg., Room No., if any Street DIE WEST 14 STREET City Wew York State New York ZIP Code +4 Lool()	11.a. Nature of such dealing. CHRISTMAS BYSKET #74.95 BASEBALL TICKETS (4) 180.00 BOTTLE OF CHAMPAGNE 97.00 CHRISTMIS GIFIS TO 70.00 SECRETARIES (20435) 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	14.a. Nature of payment.	
Street City State ZIP Code + 4	14.b. Amount of payment.	
13.b. Is the Business an Employer or Consultant?	The Amount of payment.	

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CITY EMPLOYEES UNION LOCAL 237

AFFILIATED WITH THE

INTERNATIONAL BROTHERHOOD OF TEAMSTERS

216 WEST 14TH STREET NEW YORK, N.Y. 10011-7296 212-924-2000 • FAX: 212-242-8772





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U.S. Department of Labor ESA / OLMS, Room N-5616 200 Constitution Avenue, N.W. Washington, DC 20210-0001

RE: 2005 LM-30 Amendment

To Whorn It May Concern:

Enclosed is an amended LM-30 for myself, which includes additional reportable events under Category B, to wit, reportable events related to the law firm of Meyer, Suozzi, English & Klein, P.C.

Because until this year the Department of Labor ("DOL") has not enforced the filing requirements of LM-30, I did not record information or retain records of transactions that the DOL now is requiring to be reported. As a result, I made my initial filing based on my best efforts to reconstruct events that occurred last year. The information included in the amended LM-30 was not brought to my attention until after I filed my initial LM-30 and is being reported now by me in a good faith effort to fulfill my reporting obligations

Very truly yours,

Carroll E. Haynes

President